| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | Jew | 75331 | |
| O.I.P.E. CLASSIFIER | | 12 | 2/14 |
| FORMALITY REVIEW | | 906008 | 4/10/00 |
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| | | | |

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| = | ............... Allowed | I | ............... | Interference |
| — | (Through numeral)... Canceled | A | ............... | Appeal |
| ÷ | ............... Restricted | O | ............... | Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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